

**Assessment Rating Key:** 1 = Strongly Disagree  
2 = Disagree  
3 = No Opinion/Information  
4 = Agree  
5 = Strongly Agree

**Respondents:** C = Child  
P = Parent  
FP = Foster Parent  
SW = Social Worker

**Identify respondent by letter and respondent's answer by checking box.**  
**Use space provided to describe strengths or weaknesses.**

**HEALTH**

**1 2 3 4 5**

1. Child is in good physical health, no recurring illness. ☐ ☐ ☐ ☐ ☐

2. Child has good emotional control & positive self-esteem. ☐ ☐ ☐ ☐ ☐

3. Child has good eating habits, no food related issues. ☐ ☐ ☐ ☐ ☐

4. Child has good sleep habits. ☐ ☐ ☐ ☐ ☐

5. Child is free of drug and/or alcohol use. ☐ ☐ ☐ ☐ ☐

6. Child has age appropriate sexual behavior/not pregnant. ☐ ☐ ☐ ☐ ☐

**HOMELIFE**

**1 2 3 4 5**

7. Living with related family in a safe environment. ☐ ☐ ☐ ☐ ☐

8. Interacting positively with all other persons in the home. ☐ ☐ ☐ ☐ ☐

9. Receiving needed care, food, clothing and other necessities. ☐ ☐ ☐ ☐ ☐

10. Experiencing a positive family and community environment. ☐ ☐ ☐ ☐ ☐

**HEALTHY HOMES ASSESSMENT**

**NAME:**

**Confidential Patient Information**  
**See W & I Code 5328**

**CHART NO:**

**DOB:**

**PROGRAM:**

**EDUCATION****1 2 3 4 5**

11. Attending school every school day.

☐ ☐ ☐ ☐ ☐

12. Enrolled in an educational program that meets child's needs.

☐ ☐ ☐ ☐ ☐

13. Participating, earning good grades and learning.

☐ ☐ ☐ ☐ ☐

14. Relating to peers, demonstrating good citizenship.

☐ ☐ ☐ ☐ ☐**OUT OF TROUBLE****1 2 3 4 5**

15. Child has no delinquency issues. Obeys the law.

☐ ☐ ☐ ☐ ☐

16. Engaged in self-controlled, positive, non-violent behavior.

☐ ☐ ☐ ☐ ☐

17. Not in custody or on probation.

☐ ☐ ☐ ☐ ☐

18. Not involved with a gang or other known offenders.

☐ ☐ ☐ ☐ ☐**SAFETY****1 2 3 4 5**

19. Physical and emotional needs are being met.

☐ ☐ ☐ ☐ ☐

20. Not exposed to physical or emotional harm.

☐ ☐ ☐ ☐ ☐

21. Not a danger to self or others.

☐ ☐ ☐ ☐ ☐

22. Well treated, cared for, protected and respected.

☐ ☐ ☐ ☐ ☐**HEALTHY HOMES ASSESSMENT****NAME:****Confidential Patient Information**  
**See W & I Code 5328****CHART NO:****DOB:****PROGRAM:**

## SUMMARY, RECOMMENDATIONS AND DISPOSITION

### HEALTH RATINGS:

Child has \_\_\_\_\_ areas at #1, \_\_\_\_\_ areas at #2, \_\_\_\_\_ areas at #3, \_\_\_\_\_ areas at #4.

### HOMELIFE RATINGS:

Child has \_\_\_\_\_ areas at #1, \_\_\_\_\_ areas at #2, \_\_\_\_\_ areas at #3, \_\_\_\_\_ areas at #4.

### EDUCATION RATINGS:

Child has \_\_\_\_\_ areas at #1, \_\_\_\_\_ areas at #2, \_\_\_\_\_ areas at #3, \_\_\_\_\_ areas at #4.

### OUT OF TROUBLE RATINGS:

Child has \_\_\_\_\_ areas at #1, \_\_\_\_\_ areas at #2, \_\_\_\_\_ areas at #3, \_\_\_\_\_ areas at #4.

### SAFETY RATINGS:

Child has \_\_\_\_\_ areas at #1, \_\_\_\_\_ areas at #2, \_\_\_\_\_ areas at #3, \_\_\_\_\_ areas at #4.

### Crisis conditions requiring immediate attention:

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### Actions taken for all areas rated #1 and #2:

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### Referrals and recommendations:

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### DISPOSITION:

Healthy Homes Assessment completed ☐ yes ☐ no, date \_\_\_\_\_.

Services to be provided at this facility ☐ yes ☐ no

Child referred for psychiatric evaluation ☐ yes ☐ no

Child referred to DBH contract provider ☐ yes ☐ no

Child referred to DCS contract provider, with DCS concurrence ☐ yes ☐ no

Child resides out of County, referred to other provider ☐ yes ☐ no

Crisis services provided ☐ yes ☐ no

Clinician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### HEALTHY HOMES ASSESSMENT

Confidential Patient Information  
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NAME:

CHART NO:

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PROGRAM: